Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
			A. BUILDING:					
		IL6014948	B. WING		10/03/2014			
NAME OF PI	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
ILLINOIS	VETERANS HOME AT MA	ANTENO	ERAN'S DRIVE O, IL 60950					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE		
S 000	Initial Comments		S 000					
	Annual Licensure Su	rvey						
S9999	S9999 Final Observations STATEMENT OF LICENSURE VIOLATIONS		S9999					
	340.1950 Food Prepa Section	aration And Services-						
	a) Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 III. Adm. Code 750). b) Foods shall be prepared by appropriate methods that will conserve their nutritive value and enhance their flavor and appearance. They shall be prepared according to standardized recipes, and a file of such recipes shall be available for the cook's use. c) Foods shall be attractively served at the proper temperatures and in a form to meet individual needs.							
	review the facility fails appropriate holding to food unpalatable and ice-cream in a way th value. This deficient paffect 213 of 293 resi This deficient practice residents of Unit 1 what temperature controller Finding Include: A.) On 10/1/2014 st.	emperatures rendering the the facility failed to store nat preserved its nutritive practice has the potential to dents residing in the facility.						

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/C		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
				A. BUILDING: _				
		IL6014948		B. WING		10/03/2014		
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
ILLINOIS VETERANS HOME AT MANTENO ONE VETERAL MANTENO, IL								
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
S9999	horrible. R4 said he horrible. R4 said he horrible. R4 said he horrible. R10 10/2/2014 starting food committee meet R11 continued to say good and suggested because the hot food Service Meeting June through Septem Food Service Meeting business, timeliness, courteous service, and long time for meal transperse September 2, 2014 For Minutes states, "profor meals and cold month." On 10/2/2014 at 8:40 no taste, no variety a are not always good unit. On 10/2/2014 at 11:3 meal plating began was appropriate temperate AM, all six dietary aid food, punched the timbegan a break which 10/2/2014 at 11:55 A E10) clocked back in Aide) took temperatures were hounit to be served star Aide) transported the	due to the foods being has to buy his food. g at 10:20 AM, R11 said is but nothing gets resolute food does not taste the heat machine is bross are not always hot. g Minutes were reviewed be of 2014. June 3, 20 g Minutes states, "old proper temperature, and new business it takes anys to reach residents.	ved, ken d for 014 a a ting has es o the on of at 11:40 he on =55- st etary	S9999	DEFICIENCY)			
		ne cart and started to pa NM to the residents. E11						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
		IL6014948	B. WING		10	/03/2014		
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ONE VETERAN'S DRIVE MANTENO # 20050							
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO	CTION SHOULD BE	(X5) COMPLETE DATE			
TAG	NESSENISINI SINE		IAG	DEFICIEN				
S9999	to enter the dining roor residents. The last tra (27 minutes from the unit). The test tray te 12:58 PM with E4 (Difollowing were observed the regular spinach were cream corn (126.7 Fa (119.3 Fahrenheit), mashed Fahrenheit), regular bregular ham (105.1 Fa 117.8 Fahrenheit) and Fahrenheit). The only were the regular spinar pureed ham. The means and spinach were the regular spinar pureed ham. The means and spinach were the regular spinar pureed ham. The means and spinach were the regular spinar pureed ham. The means and spinach were the regular spinar pureed ham. The means and spinach were the regular spinar pureed ham. The means and spinach were the regular spinar pureed ham. The means and spinach were the regular spinar pureed ham. The means and spinach were palatable." On 10/2/2014 at 1:20 said, "I don't know the temperatures did not very palatable." On 10/3/2014 at 11:04 said, "The facility star 10/3/2014 concerning will now test each unit test the food to find on the star pure the regular p	sidents. E11 waited for staff om to ask who were the my was passed at 12:57 PM time the cart arrived to the mperatures were tested at etary Manager). The vations of the temperatures. It was (135.3 Fahrenheit), ahrenheit), regular meatball rechanical soft inheit), Pureed ham (122.1 potatoes (121.5 peans (112.2 Fahrenheit), ahrenheit), pureed beans (12.4 potatoes that tasted palatable ach, corn and regular and atballs, mashed potatoes, as unpalatable due to their PM, E4 (Dietary Manager) e answer to why the hold, cold pureed food is not the food temperatures. We to for temperatures and taste ut what is happening." It ing at 10:38 AM, the ith E3 (Dietary Manager). Doler in the kitchen had a office on the top of the cream. E3 replied, ice cream	S9999					

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		IL6014948	B. WING		10	0/03/2014	
	ROVIDER OR SUPPLIER VETERANS HOME AT MA	ONE VE	DDRESS, CITY, STATE TERAN'S DRIVE NO, IL 60950	, ZIP CODE			
(X4) ID PREFIX TAG	EIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH C			PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	CTION SHOULD BE COMPLETE O THE APPROPRIATE DATE		
\$9999	the ceiling with frozer the ice cream. On 10 (Engineer) said the from the there and the ice of another cooler. This of then the ice-cream based on 10/2/2014 at 11:5 was observed. There cooler. The cooler has there was frozen ice of 10/3/2014 at 11:0 said the manufacture coolers today. There	with accumulation of ice on n droplets of ice directly over 0/2/2014 at 9:14 AM, E12 ozen ice droplets should not cream will be moved to cooler will be defrosted and	S9999				

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